

**STOCKPORT GRAMMAR SCHOOL**  
**SAFEGUARDING POLICY**  
**APPENDIX 1 – ADVICE TO STAFF**

The School's Safeguarding Policy is in the Policy File in all departmental areas and on the School website. The School organises regular training updates on safeguarding and follows the protocols of the Stockport Safeguarding Children Board.

Each section of the School has its own Designated Safeguarding Lead. The Designated Safeguarding Lead for the Junior School and EYFS is Mrs C Hampson. The Designated Safeguarding Lead for the Senior School is Mrs J White. Any concerns about a child which colleagues feel constitutes a safeguarding issue should be discussed with the appropriate Designated Safeguarding Lead. These may cover aspects of physical, emotional or sexual abuse, neglect or peer on peer abuse. Designated Safeguarding Leads should also be made aware of concerns about pupils' mental health including self-harm.

The school nurses are able to offer pupils advice on sexual health and other medically-related issues. A sexual relationship where one partner is under 16 is viewed as sexual abuse. Pupils over 16 may be involved in a relationship with an older partner, which, whilst legal, may be viewed as exploitative.

**Look after yourself!**

All colleagues should take steps to protect themselves from allegations of abuse or bullying.

Appendix Four is the staff Code of Conduct contained in the Staff Handbook which provides the standards of professional conduct expected of all staff.

**What should make me concerned?**

See list of sign of possible signs of abuse and indicators of radicalisation in Safeguarding Policy.

Do:

- Listen to the child
- Take notes on what they say.
- Pass on details to Designated Safeguarding Lead. Use a Note of Concern.

Don't:

- Offer a child confidentiality – you cannot keep secrets and must make this clear
- Try to solve the problem all by yourself - you **must** refer and then follow the advice given – even if that may seem counter-intuitive. Anything more than this could harm a court case.
- Be, or appear to be, shocked by what you are told. Try to stay calm and stick to facts.
- Ask leading questions – stick to "Who, where, what, when".
- Feel that you have to take the child's burden on your shoulders.

**What happens next?**

The Designated Safeguarding Lead will look at the details and may either interview the child or liaise with the Head of Year/Section/Form Teacher and the Nurse to gather any further information if appropriate.

Options for next steps include managing any support for the child internally via the School's pastoral support processes, an early help assessment or a referral to Children's Social Care for statutory services.

The Designated Safeguarding Lead may contact Children's Social Care to ask for advice on further action or support available to the child and their family.

In most cases, the parents will be contacted and may be asked to come into school to discuss the matter further.

If an early help assessment is completed or a referral is made to Children's Social Care, accessing suitable help can take time, and colleagues who make the initial enquiry may feel that the system is working too slowly – let it work. All agencies have to ensure that they have full command of the details and their caseload may be very heavy.

### **Specific information and guidance on sexual violence and sexual harassment between children**

The following descriptions are taken from the Department for Education's advice on Sexual violence and sexual harassment between children in schools and colleges May 2018.

Sexual violence

Rape: A person (A) commits an offence of rape if he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents

Assault by penetration: A person (A) commits an offence if s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents

Sexual assault; A person (A) commits an offence of sexual assault if s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents

What is consent? Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another. Consent can be withdrawn at any time during sexual activity and each time activity occurs. A child under the age of 13 can never consent to any sexual activity. The age of consent is 16. Sexual intercourse without consent is rape.

Sexual harassment: Unwanted conduct of a sexual nature that can occur online and offline. Sexual harassment can include:

- sexual comments such as telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- sexual 'jokes' or taunting;
- physical behaviour such as deliberately brushing against someone, interfering with someone's clothes (schools and colleges should be considering whether any of this crosses a line into sexual violence – it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature; and
- online sexual harassment. This may be standalone or part of a wider pattern of sexual harassment and/or sexual violence. It may include non-consensual sharing of sexual images and videos, sexualised online bullying, unwanted sexual comments and messages, including on social media, and sexual exploitation, coercion and threats.

When managing a report of sexual violence or sexual harassment staff and volunteers should be aware that the Department for Education's advice states that effective safeguarding practice includes:

- not promising confidentiality at this initial stage as it is very likely a concern will have to be shared further (for example, with the designated safeguarding lead or children's social care) to discuss next steps. Staff should only share the report with those people

who are necessary in order to progress it. It is important that the victim understands what the next steps will be and who the report will be passed to;

- recognising a child is likely to disclose to someone they trust: this could be anyone on the school or college staff. It is important that the person to whom the child discloses recognises that the child has placed them in a position of trust. They should be supportive and respectful of the child;

- listening carefully to the child, being non-judgmental, being clear about boundaries and how the report will be progressed, not asking leading questions and only prompting the child where necessary with open questions – where, when, what, etc;

- considering the best way to make a record of the report. Best practice is to wait until the end of the report and immediately write up a thorough summary. This allows the staff member to devote their full attention to the child and to listen to what they are saying. It may be appropriate to make notes during the report (especially if a second member of staff is present). However, if making notes, staff should be conscious of the need to remain engaged with the child and not appear distracted by the note taking. Either way, it is essential a written record is made;

- only recording the facts as the child presents them. The notes should not reflect the personal opinion of the note taker. Schools and colleges should be aware that notes of such reports could become part of a statutory assessment by children's social care and/or part of a criminal investigation;

- where the report includes an online element, being aware of searching screening and confiscation advice (for schools) and UKCCIS sexting advice (for schools and colleges). The key consideration is for staff not to view or forward illegal images of a child. The highlighted advice provides more details on what to do when viewing an image is unavoidable.

- if possible, managing reports with two members of staff present, (preferably one of them being the designated safeguarding lead or a deputy). However, this might not always be possible; and

- informing the designated safeguarding lead (or deputy), as soon as practically possible, if the designated safeguarding lead (or deputy) is not involved in the initial report.